



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Applicant

The information you provide in this application form will be used to determine whether you would be capable of meeting this Police Department's requirement for employment as a Police Officer.

It is important that you answer each question accurately. **False, incomplete or incorrect** information could result in your disqualification from the selection process. Information provided or collected will be held in confidence and will be subject to applicable privacy legislation.

Instructions

Ensure you meet the minimum requirements:

- Minimum 19 years of age
- Canadian Citizen or Permanent Resident
- Physically fit and in excellent health
- Grade 12 diploma; consideration given for GED and work experience
- No criminal convictions for which a pardon has not been granted
- No adult criminal charges pending
- A valid class 5 driver's license with good driving history
- Ability to type a minimum of 25 words per minute

Please read all of the questions carefully and **answer every question**. If the question is not applicable, indicate with N/A. This form can be completed electronically or in hand writing.

All sections of the application questionnaire must be completed. **All the forms** included in the application package (shown below), **must be signed and dated** before submitting the application.

Form 1: AZ190 - Consent for Collection, Use and Disclosure of Personal Information

Form 2: AZ180 – POPAT Liability Release and Indemnity

Form 3: AZ160 – Physical Abilities Test Medical Examination Waiver

Form 4: AZ030 – Vision Report for Police Service



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

For your application to be considered, **colored** photocopies of the following documents, **original** university transcripts and passport photos **must be submitted** with this application:

- Birth Certificate
- Canadian Citizenship or Permanent Resident Status documentation
- Driver's license
- Two (2) color passport photos – can be mailed in or hand delivered
- Drivers Abstract – obtained from Motor Vehicle Branch
- Valid CPR-C First Aid Certificate
- Keyboarding Certificate – obtained from an accredited learning institution
- High School graduation transcripts
- Post-Secondary School original transcripts (preferably minimum 30 credits), if applicable
- Education completed outside of Canada must be evaluated by the International Credential Evaluation Service
- If you have completed an Ethos entrance exam with any B.C. police agency, attach documentation of your results
- If you have completed the POPAT test within the last 12 months, attach documentation of your results
- If you have ever been deferred by any police agency, please provide a copy of all deferral or application closure letters or emails

Please **mail or drop off** completed application package to:

Recruiting Section, Metro Vancouver Transit Police
300-287 Nelson's Court, New Westminster
British Columbia V3L 0E7



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Important:

- 1) Carefully review and follow application instructions**
- 2) Please complete fully and use additional lined paper if space is insufficient**

Personal Information

Surname		Given 1		Given 2	
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Home Phone #	
Date of Birth: <small>(yyyy/mm/date)</small>		Place of Birth:		Cell Phone #	
Street Address		City		Province	
Postal Code		Email address:		Second Language:	
Height: ft in / cms		Weight: lbs / kgs			
Hair Color:		Eye Color:		Blood Type:	
Handed: left <input type="checkbox"/> right <input type="checkbox"/>		SIN:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Common-Law <input type="checkbox"/> Widow(er)	
Are you at least 19 years of age?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you legally eligible to work in Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a Canadian Citizen or Permanent Resident?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you are a Permanent Resident, please provide your PR number				Number:	
What date did you become a Permanent Resident of Canada?				Date:	
Have you ever been charged with a Federal, Provincial or Municipal offence? <small>(this means any fine, period of imprisonment or period of probation offered by the court, other than minor driving offences)</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If a criminal pardon has been granted, please attach a copy of the pardon to this application.					
If you have answered <u>Yes</u> to this question, please complete the next page outlining the date and particulars of each charge and/or conviction.					
Note: Conviction of an offence does not necessarily preclude consideration for the position of Police Officer.					



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Criminal Charges and/or Convictions	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Family:

Provide full information for your current and any previous spouse/common-law, girlfriend/boyfriend, as well as for your children, parents, brothers, sisters and all in-law(s)/partner(s)/step parents or siblings. Include maiden or married name if applicable.

Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Family continued:									
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City			Province		Postal Code	
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City			Province		Postal Code	
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City			Province		Postal Code	
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City			Province		Postal Code	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Family continued:

Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		
Surname				Given 1		Given 2		Relationship	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mr.	Mrs.	Ms.	Miss	Date of Birth (yyyy/mm/dd)		Phone			
Address			City		Province		Postal Code		

If you run out of space, please print multiple copies of this page and renumber them 7a, 7b, 7c etc.



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

In chronological order, starting with your current address, list all residences where you have lived as an adult. (including any out of country residences)

	Address	City/Province (State)	Country	Date From (yyyy/mm)	Date to (yyyy/mm)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Please list all investment or recreation property.

	Address	City/Province/ State	Country	From Date:	To Date:
1					
2					
3					
4					
5					



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Education					
Secondary School Attended:					
Highest grade completed		Year Completed		Program Completed	
Community College Attended:					
Course Name		Length of Course		Credits Obtained	
Certificate or Diploma awarded:					
Date from:	Date to:	Studied : <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Community College Attended:					
Course Name		Length of Course		Credits Obtained	
Certificate or Diploma awarded:					
Date from:	Date to:	Studied : <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
University Attended:					
Major area of study:		Length of Study		Credits Obtained	
Degree Awarded:					
Date from:	Date to:	Studied : <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
University Attended:					
Major area of study:		Length of Study		Credits Obtained	
Degree Awarded:					
Date from:	Date to:	Studied : <input type="checkbox"/> Full time <input type="checkbox"/> Part time			
Business, Trade or Technical School attended:					
Course name:		Length of Course		Credits Obtained	
License, Certificate or Diploma awarded:					
Date from:	Date to:	Studied : <input type="checkbox"/> Full time <input type="checkbox"/> Part time			



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Employment History

1. Beginning with your present employer, please list every position you have held (to the best of your knowledge). If you have held two or more positions with the same employer, list each position separately. Please include any military or volunteer work.
2. If more space is required, please use a separate sheet of lined paper.
3. Please be advised that we may contact your current employer.

Present Employer:

Telephone: ()

From/To Date: (yyyy/mm/dd)

Employer Address:

Supervisor Name and Title:

Your Title:

Brief Description of your duties:

Have you ever been disciplined or reprimanded with this employer? If so, provide brief details.

What did you like best about your work?

What did you like least about your work?

How many times have you called in sick to work with this employer? If unknown, provide an approximate amount.



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Employment History continued:	
(1) Previous Employer:	
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	
Have you ever been disciplined or reprimanded? If so, provide brief details.	
What did you like best about your work?	
What did you like least about your work?	
Reason for leaving?	
How many times have you called in sick to work with this employer? If unknown, provide an approximate amount.	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Employment History continued:	
(2) Previous Employer:	
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	
Have you ever been disciplined or reprimanded? If so, provide brief details.	
What did you like best about your work?	
What did you like least about your work?	
Reason for leaving?	
How many times have you called in sick to work with this employer? If unknown, provide an approximate amount.	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Employment History continued:	
(3) Previous Employer	
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	
Have you ever been disciplined or reprimanded? If so, provide brief details.	
What did you like best about your work?	
What did you like least about your work?	
Reason for leaving?	
How many times have you called in sick to work with this employer? If unknown, provide an approximate amount.	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Employment History continued:	
(4) Previous Employer	
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief Description of your duties:	
Have you ever been disciplined or reprimanded? If so, provide brief details.	
What did you like best about your work?	
What did you like least about your work?	
Reason for leaving?	
How many times have you called in sick to work with this employer? If unknown, provide an approximate amount.	

If you run out of space for previous employment, please print multiple copies of this page and renumber them 15a, 15b, 15c etc.



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Volunteer History	
Employer Name:	Approximate number of hours:
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief description of your duties:	
What did you like best about your volunteer work?	
What did you like least about your volunteer work?	
Reason for leaving?	
Employer Name:	Approximate number of hours:
Telephone: ()	From/To Date: (yyyy/mm/dd)
Employer Address:	
Supervisor Name and Title:	Your Title:
Brief description of your duties:	
What did you like best about your volunteer work?	
What did you like least about your volunteer work?	
Reason for leaving?	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Medical

Do you wear corrective lenses? Yes No

Are you aware of any deficiencies with your color vision?

Have you ever had corrective eye surgery? Yes No If yes, provide date and location below.

(yyyy/mm/dd)

Location

Are you aware of any problems with your hearing? If yes, please provide a brief explanation.

Have you ever had a broken bone? If yes, briefly state when and what kind of injury.

Have you experienced any type of illness, injury or accident which has required medical attention or caused a temporary or permanent effect on your lifestyle? (Includes any of the following; concussion, communicable disease, dental trauma, sprain, strain or dislocations.) If yes, please briefly explain. (when, where, how)

Have you ever required any allied health services as a result of the above? (i.e. physiotherapy, chiropractic, osteopathy, registered massage therapist, kinesiology) If yes, please explain what treatment and when?

Are you currently being treated for any medical conditions? Yes No If yes, please provide details.



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Driver's License Information continued:

List ALL driving offences below, including warnings or disputed tickets. Please provide a brief explanation of each offence in the space provided on the next page.

Date (yyyy/mm/dd)	Offence	Location

Please provide a brief explanation of each offence :

List all Provincial and Municipal tickets/fines you have been issued (liquor, bylaw, parking etc). Provide a brief explanation.

Date (yyyy/mm/dd)	Offence	Location	Explanation



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Financial	
Have you ever declared bankruptcy, filed a consumer proposal or been contacted by a debt collection agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation:	
Have you ever written an NSF cheque? If yes, please provide brief details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation:	
Do you own your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your monthly rental or mortgage payment?	\$
What is your current net income per month?	\$
Have you ever had a problem with managing finances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation?	
List all your assets (i.e. home, vehicle, personal effects, investments, savings etc).	
Assets	Value \$
Total Assets Value \$	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

General Information continued:

What actions have you taken to implement your plan?

What Internet sites do you frequently visit and what on-line social media do you use?

Do you correspond with or visit your parents? Yes No

Do you correspond with or visit your siblings? Yes No

At what age did you leave home:

--

What activities do you share with your family?

Are you proficient in any other languages other than English? If yes, specify. Yes No



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

Have you ever applied for a position as a Police Officer with any Agency? (Regular Member, Reserve, etc.)
 Have you ever applied for a position with any Law Enforcement Agency? (Corrections, Sheriffs, CBSA, etc.)
 If yes, please list and provide a brief explanation of the status or your application(s).

Provide any documentation you have received in regards to your application status, closure or deferral.

Agency	Date of Application (yyyy/mm/dd)	Position Applied for	Status of Application

What association have you had with police officers or police work?

Have you served in a Police Service or the Armed Forces of any country? If yes, provide details. Yes No

List all members or employees you know of, or who may know of you, that work or previously worked at Transit Police.

How did you hear about Transit Police?

Newspaper Radio Internet Job Fair Other: _____



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

VISION REPORT FOR POLICE SERVICE (AZ030)

TO BE COMPLETED BY APPLICANT			
Applicant Surname	Applicant Given Name	Applicant Middle Initial	
Street Address	City	Province	Postal Code
Have you ever had eye surgery?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, indicate the date and type of procedure:			
METRO VANCOUVER TRANSIT POLICE VISION STANDARDS FOR EMPLOYMENT			
Uncorrected Vision	No less than 20/40 in one eye and 20/100 in the other eye		
Corrected Vision	No less than 20/20 in one eye and 20/30 in the other eye		
Color Vision	Should be normal, i.e. pass the Farnsworth D-15 test		
Peripheral Vision	150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point		
Binocular Vision	Normal		
TO BE COMPLETED BY THE ATTENDING OPHTHALMOLOGIST/OPTOMETRIST			
Date of examination (yyyy/mm/dd):			
1. Visual Acuity	Without Visual Aid		With Best Possible Corrections
	Right Eye	20/	20/
	Left Eye	20/	20/
	Both Eyes	20/	20/
2. Horizontal Field of Vision	Temp		Nasal
	Right Eye		
	Left Eye		
Binocular Vision (Depth Perception)			
Normal:		Abnormal:	
Comments:			
Color Vision (Determined by Pseudo-Isochromatic Plates or Farnsworth-Munsell)			
Normal:		Abnormal:	
Comments:			
ATTENDING OPHTHALMOLOGIST/OPTOMETRIST			
Name:		Telephone:	
Address:			
Signature		Date (yyyy/mm/dd)	



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

CONSENT TO COLLECTION, USE & DISCLOSURE OF PERSONAL INFORMATION (AZ190)

Pursuant to Sections 27(1)(a)(i), 27(2), 32(b) and 33.1(1)(b) of the Freedom on Information and Protection of Privacy Act, I,

Name	(Also formerly known as)
------	--------------------------

Street Address	City	Province	Postal Code
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DO HEREBY CONSENT to the collection, use and disclosure by the Metro Vancouver Transit Police (MVTP) and/or their agent(s) of the following personal information pertaining to me:

Any and all records, files, notes, reports, opinions or other information concerning me, including information of the following types:

- Credit Bureau check – including a review of the applicant’s credit rating
- Bankruptcy search
- Court registry search – including a search for any civil litigation, criminal and family matter proceedings at the Supreme Court or Provincial Court
- Motor vehicle driver abstract and ICBC claims history review
- Verification of education
- Neighborhood enquiries
- Previous employment enquiries
- Applicant Interview
- All criminal data bases & criminal records checks

I acknowledge that I have been advised that the said information is being collected; used and disclosed to assess my suitability for employment with the Metro Vancouver Transit Police (MVTP) and that the collection of this information is authorized by section 26(c) of the Freedom of Information and Protection of Privacy Act. I have been further advised that if I have any questions regarding this collection, I can contact the Deputy Chief Officer, Metro Vancouver Transit Police, 300-287 Nelson’s Court, New Westminster, B.C., V3L 0E7; Telephone: 604-515-8300.

I understand that any information provided by me during the course of processing my application for employment, or information obtained by the Metro Vancouver Transit Police (MVTP), which reveals criminal activity will not be protected by confidentiality. This information may be subject to a criminal investigation by the MVTP or any law enforcement agency and could result in arrest or criminal charges.

This consent is freely given and, furthermore, I acknowledge that a photocopy of this signed release is to be considered as valid as the original even if it does not contain an original of my signature.

Name of Applicant	Signature of Applicant	Date (yyyy/mm/dd)
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METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

P.O.P.A.T. LIABILITY RELEASE & INDEMNITY (AZ180)

We wish your participation in the “Run/P.O.P.A.T.” (Hereafter referred to as the “Test”) to be a safe and enjoyable experience, but any such activity does involve risk! **Please read carefully.**

DISCLAIMER:

The Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority (SCBCTA) and the South Coast British Columbia Transportation Authority Police Service Board are not responsible for any injury, death, loss or damage suffered by any person participating in the Test, as conducted by an independent assessor, for any reason whatsoever, including negligence on the part of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, or any of their directors, officers, employees, agents, or representatives.

AGREEMENT:

In consideration of the Metro Vancouver Transit Police (MVTP) and the South Coast British Columbia Transportation Authority allowing me to participate in the Test and any associated activity, I agree to RELEASE AND SAVE HARMLESS AND INDEMNIFY each of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, and their directors, officers, employees, agents, and representatives from and against all claims, demands, actions, costs and expenses, and from all claims or demands whatever in law or in equity, in respect to injury, death, loss or damage to my person or property whatsoever and howsoever caused, arising out of, or in connection with, my taking part in the Test and/or any associated activity, notwithstanding that the same may have been contributed to or occasioned by any act or omission (including, without limitation, a negligent act or omission) of the Metro Vancouver Transit Police (MVTP), the South Coast British Columbia Transportation Authority, the South Coast British Columbia Transportation Authority Police Service Board, or their directors, officers, employees, agents, or representatives. I am aware of the risks inherent in participating in the Test and/or any associated activity. I further understand that the risks involved are also relative to my own state of fitness, health, awareness, and the skill and care with which I conduct myself during the Test. I voluntarily assume these risks and waive notice of all conditions, dangers or otherwise, in or about the Test. I agree to assume all risks involved before, during and after the Test. I agree that this Release shall bind my heirs, executors, administrators and assigns.

I, _____ acknowledge having read this LIABILITY RELEASE AND INDEMNITY and I understand and agree to be bound by the conditions herein.

Signature of Participant	Name of Participant	Date (yyyy/mm/dd)

Signature of Witness	Name of Witness	Date (yyyy/mm/dd)



METRO VANCOUVER TRANSIT POLICE

RECRUIT POLICE OFFICER – EMPLOYMENT APPLICATION

AZ020

PHYSICAL ABILITIES TEST MEDICAL EXAMINATION WAIVER (AZ160)

Full Name of Applicant _____

Address of Applicant _____

This person is an applicant for the position of Police Constable with the Metro Vancouver Transit Police (MVTP), South Coast British Columbia Transportation Authority Police Service (SCBCTAPS). He/she is required to perform a Police Officer’s Physical Abilities Test (POPAT). The POPAT is designed to simulate and measure an officer’s physical ability to respond to a critical incident and apprehend and/ or control a prisoner/suspect. The test was developed by exercise physiologists and is based on their research findings. Their research has identified that the usual physical components of a response to a critical incident may involve quick action in getting to the problem, intensive heavy work resolving the problem and then removing the problem. The test is conducted in a gymnasium and consists of running 400 meters (1/4 mile), which includes climbing up and down stairs, jumping over low obstacles, pushing/pulling heavy weights (80 lbs/37 kg) then lifting and carrying a “dead weight” of 100 lbs (45 kg) over a distance of 15 meters (50 ft.). It was found that most test participants experienced maximal heart rate during the test. This indicates brief (up to 4 minutes) but maximal stress being placed on the cardiovascular system. To minimize the chance in precipitating a major cardiovascular event, we are requesting that the person be examined to determine his/her employment and test risk potential.

In addition to your usual examination, we request your assessment of this person with respect to factors which may place him/her at risk during this test or during future police officer-related duties:

1. Hypertension with possible causative factors;
2. Diabetes Mellitus;
3. Known heart disease or symptomatic cardiovascular disease including Angina, breathlessness, palpitations, edema, syncope, dizziness, etc.;
4. Low fitness level;
5. Acute systemic infections including viral respiratory infections;
6. Muscular and/or skeletal problems which may affect physical performance or present long-term limitations;
7. Any other areas of concern: _____

To be completed by examining physician:

Considering the fact that an applicant’s typical response to maximal testing may include fear and anxiousness due to anticipation, does this applicant remain safe to perform the POPAT if their resting blood pressure and/or heart rate values exceed 144/94 mmHg or 100 bpm, assuming the applicant is not exhibiting any signs of the following: chest, arm, neck and jaw pain; signs of light-headedness, fainting and shortness of breath? Yes No

In your opinion, based on the information provided to you and the results of your examination, is this person’s health at risk if they participate in the Police Officer’s Physical Abilities Test (POPAT)? Yes No

Comments: _____

Signature & Stamp of Medical Doctor	Date (yyyy/mm/dd)